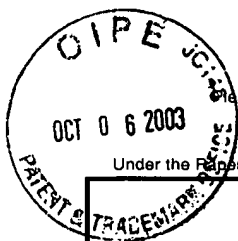


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Modified PTO/SB/21 (08-00)  
Approved for use through 10/31/2002. OMB 0651-0031  
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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	<b>Application Number</b>	09/496,374
	<b>Filing Date</b>	February 2, 2000
	<b>First Named Inventor</b>	Masami KIDONO
	<b>Group Art Unit</b>	2673
	<b>Examiner Name</b>	Jeffrey J. Piziali
<b>Total Number of Pages in This Submission</b>		<b>Attorney Docket Number</b> OOCL-11 (11P024627)

ENCLOSURES <i>(check all that apply)</i>		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Postcard Receipt <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> A copy of the Japanese Office Action dated June 3, 2003 and an English language translation of pertinent portions of the Office Action.
Remarks		

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OCT 23 2003  
Technology Center 2600

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	John C. Pokotylo (Reg. No. 36,242)
Signature	
Date	October 3, 2003

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: <span style="border: 1px solid black; padding: 2px;">October 3, 2003</span>	
Typed or printed name	John C. Pokotylo
Signature	
Date	October 3, 2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 2px solid black; border-radius: 50%; padding: 10px; margin-right: 10px; text-align: center;"> <b>OFFICE</b>  <b>OCT 06 2003</b>  <b>PATENT &amp; TRADEMARK</b> </div> <div style="text-align: center;"> <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2003</h2> <p style="font-size: small;">Effective 01/01/2003, Patent fees are subject to annual revision.</p> </div> </div>		Complete if Known		
		Application Number	09/496,374	RECEIVED
		Filing Date	February 2, 2000	
		First Named Inventor	Masami KIDONO	
		Examiner Name	Jeffrey J. Piziali	
Art Unit	2673	Technology Center 2600		
Attorney Docket No.		OOCL-11 (11P024627)		

<h3 style="text-align: center;">METHOD OF PAYMENT (check all that apply)</h3> <p> <input checked="" type="checkbox"/> Check            <input type="checkbox"/> Credit card            <input type="checkbox"/> Money Order            <input type="checkbox"/> Other            <input type="checkbox"/> None       </p> <p> <input checked="" type="checkbox"/> Deposit Account:       </p> <p>         Deposit Account Number: <span style="border: 1px solid black; padding: 2px 20px;">50-1049</span>          Deposit Account Name: <span style="border: 1px solid black; padding: 2px 20px;">Straub &amp; Pokotylo</span> </p> <p> <b>The Commissioner is authorized to: (check all that apply)</b>  <input checked="" type="checkbox"/> Charge any underpayment of fee(s) indicated below            <input checked="" type="checkbox"/> Credit any overpayments  <input checked="" type="checkbox"/> Charge any additional fee(s) due in connection with the filing submitted herewith  <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee in the to the above-identified deposit account.       </p> <h3 style="text-align: center;">FEE CALCULATION</h3> <div style="border: 1px solid black; padding: 5px;"> <h4>1. BASIC FILING FEE</h4> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>770</td> <td>2001</td> <td>385</td> <td>Utility filing fee</td> <td></td> </tr> <tr> <td>1002</td> <td>340</td> <td>2002</td> <td>170</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>1003</td> <td>530</td> <td>2003</td> <td>265</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>1004</td> <td>770</td> <td>2004</td> <td>385</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>1005</td> <td>160</td> <td>2005</td> <td>80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td></td> <td><b>(\$ 00.00)</b></td> </tr> </tbody> </table> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <h4>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</h4> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201</td> <td>86</td> <td>2201</td> <td>43</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203</td> <td>290</td> <td>2203</td> <td>145</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204</td> <td>86</td> <td>2204</td> <td>43</td> <td>**Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>**Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td></td> <td><b>(\$ 00.00)</b></td> </tr> </tbody> </table> <p style="font-size: small;">**or number previously paid, if greater. For Reissues, see above</p> </div>	Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1001	770	2001	385	Utility filing fee		1002	340	2002	170	Design filing fee		1003	530	2003	265	Plant filing fee		1004	770	2004	385	Reissue filing fee		1005	160	2005	80	Provisional filing fee		<b>SUBTOTAL (1)</b>					<b>(\$ 00.00)</b>	Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	18	2202	9	Claims in excess of 20		1201	86	2201	43	Independent claims in excess of 3		1203	290	2203	145	Multiple dependent claim, if not paid		1204	86	2204	43	**Reissue independent claims over original patent		1205	18	2205	9	**Reissue claims in excess of 20 and over original patent		<b>SUBTOTAL (2)</b>					<b>(\$ 00.00)</b>	<h3 style="text-align: center;">FEE CALCULATION (continued)</h3> <div style="border: 1px solid black; padding: 5px;"> <h4>3. 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SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	John C. Pokotylo	Registration No. (Attorney/Agent)	36,242
Signature		Telephone	(732) 542-9070
		Date	October 3, 2003

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